Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **January 1-15**, **2005.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Type of Submission Pre-application Deconstruction	APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier		
Application Construction Construction Construction Construction Construction Construction Construction Construction Construction Non-Construction Non-Construct	1 TYPE OF SUBMISSION:		9/15/2004 3. DATE RECEIVED B	SY STATE	State Application Identifier		
Construction Non-Construction Non-Constr	•• • • • • • • • • • • • • • • • • • • •	Pre-application					
Mon-Construction S. APPLICANT INFORMATION Legal Name: County of Socramento Congulational DUNS: Escalability Street: JAN 1 3 2005 Address: Street: JAN 1 3 2005 Amenand leephone number of person to be contacted on mattern involving this application (give area code) (Fig. Name. Middle Name County Secramento S		1 ''	4. DATE RECEIVED E	BY FEDERAL AGENCY	Federal Identif	ier	
S. APPLICANT INFORMATION Legal Name: County of Sacramento County							
County of Secretarion DUNS: County of Secretarion and Open Space County of Secretarion Street	5. APPLICANT INFORMATION	NOII-CONSTRUCTION					
County County (Section of Parks, Recreation and Open Space Open Space (Section of Section of Sectio					t:		
Organizational DUNS: 16-S20-9803 Address: PECEIVED PROJECT (Sites, Counters, States, etc.): Clay and Country of Standard Frederial Standard Frederia	County of Sacramento			Regional Parks, Reg	creation and Ope	n Space	
Sacramento County: Sacramento Solate: California County: Sacramento Sacramento Sacramento Sacramento Sacramento Suttice: Sacramento Suttice: Sacramento Suttice: Sutt			THE DI	Division:			
Sacramento County: Sacramento Solate: California County: Sacramento Sacramento Sacramento Sacramento Sacramento Suttice: Sacramento Suttice: Sacramento Suttice: Sutt		FOEC	ENENT			rson to be contacted on matters	
Sacramento County: Sacramento Solate: California County: Sacramento Sacramento Sacramento Sacramento Sacramento Suttice: Sacramento Suttice: Sacramento Suttice: Sutt		- HEU	2005				
Sacramento County: Sacramento Solate: California County: Sacramento Sacramento Sacramento Sacramento Sacramento Suttice: Sacramento Suttice: Sacramento Suttice: Sutt		100	1 3 5000 1				
Sacramento County: Sacramento Solate: California County: Sacramento Sacramento Sacramento Sacramento Sacramento Suttice: Sacramento Suttice: Sacramento Suttice: Sutt		JAN	OUSE		Oury		
Staffering Space Suffix: Country: Coun	Sacramento	\	- FARING HOUSE				
Staffering Space Suffix: Country: Coun		STATE	JLE MI	Last Name Kukkola			
Email: Space Country	State:			Suffix:			
SEMPLOYER IDENTIFICATION NUMBER (EIN): Phone Number (give area code) Fax Number (give area code) Semployer IDENTIFICATION NUMBER (EIN): Phone Number (give area code) Semployer IDENTIFICATION Phone Number (give area code) Semployer IDENTIFICATION: Phone Number (give area code) Phone Number (giv	California	95827		Email:			
Face Number (give area code)	Country: U.S.A.				s.org	,	
Sile		ON NUMBER (EIN):		Phone Number (give	area code)	Fax Number (give area code)	
8. TYPE OF APPLICATION:				(916) 875-6283		(916) 875-6632	
Revision				7. TYPE OF APPLI	CANT: (See bac	k of form for Application Types)	
Revision, enter appropriate letter(s) in box(es) See back of form for description of letters.) Other (specify) Other (specifical Reposed Parkway) Other (specifical Reposed Parkway) Other (specifical Reposed Parkway)		w 🔲 Continuati	on Revision	R. County Agongs			
Other (specify) 9. NAME OF FEDERAL AGENCY: NOAA Fisheries 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11.1—4 6 3 11.1	If Revision, enter appropriate le	tter(s) in box(es)		, , ,			
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: American River Parkway Invasive Plant Management 11. Jef 3 11. Jef 3 11. Jef 5 11. Jef 5 11. Jef 5 11. Jef 5 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City and County of Sacramento, CA 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: 3. Applicant 5. Project 5. Start Date: April 1, 2005 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 16. STAMATED FUNDING: 17. State	Other (specify)				RAL AGENCY:		
American River Parkway Invasive Plant Management TITLE (Name of Program): 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City and County of Sacramento, CA 13. PROPOSED PROJECT Start Date: April 1, 2005 Bending Date: Bending Date: April 1, 2005 Bending Date: Bending		DOMESTIC ASSISTAN	ICE NUMBER	I .	TITLE OF APPL	ICANT'S PROJECT:	
13. PROPOSED PROJECT Start Date: April 1, 2005 March 31, 2007 15. ESTIMATED FUNDING: a. Applicant b. Project 5. 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIV ORDER 12372 PROCESS? a. Yes. From the State S	12. AREAS AFFECTED BY PI		es, States, etc.):				
13. PROPOSOS I Rodicy Start Date: April 1, 2005 Start Date: March 31, 2007 Start Date: April 1, 2005 Start Date: March 31, 2007 Start Date: Start Date				14. CONGRESSIO	NAL DISTRICTS	OF:	
April 1, 2005 March 31, 2007 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State c. State c. Other c. Ot		Ending Date:		a. Applicant		b. Project	
a. Federal \$ 100,000 a. Yes. This PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	April 1, 2005	March 31, 2007					
a. Federal a. Federal b. Applicant c. State c. State c. Other d. Local e. Other f. Program Income g. TOTAL s. Journal State Avaluable To The State EXECUTIVE ORDER 12372 g. TOTAL s. Journal State Avaluable To The State EXECUTIVE ORDER 12372 b. No. DATE: I 3 2005 c. Other g. TOTAL s. Journal Income g. TOTAL s. Journal Income g. TOTAL s. Journal State And BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Middle Name Middle Name Suffix C. Telephone Number (give area code) (916) 875-6283 e. Date Signed 9/15/2004 Standard Form 424 (Rev.9-20)	15. ESTIMATED FUNDING:						
b. Applicant c. State s 101,087 d. Local s 101,087 b. No. PROGRAM IS NOT COVERED BY E. O. 12372 b. No. PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW f. Program Income s 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL s 300,000 Tyes if "Yes" attach an explanation. No 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Mir. First Name Kurkkola b. Title Deputy Director, American River Parkway d. Signature of Authorized Representative Suffix C. Telephone Number (give area code) (916) 875-6283 d. Signature of Authorized Representative 9/15/2004 Standard Form 424 (Rev.9-20)	a Federal	6		THIS F	REAPPLICATIO	N/APPLICATION WAS MADE	
C. State DATE: \ \ \ \ \ \ \ \ \ \ \ \ \			100,000				
d. Local d. No. PROGRAM IS NOT COVERED BY E. O. 12372 d. No. PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW f. Program Income f. Progra	b. Applicant	5	•	PROC			
d. Local d. No. PROGRAM IS NOT COVERED BY E. O. 12372 d. No. PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW f. Program Income f. Progra	c. State	B		DATE:	1/13/200	5	
e. Other 98,913 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 1. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? 9. TOTAL S 300,000 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix First Name Kukkola First Name Kukkola D. Title Deputy Director, American River Parkway d. Signature of Authorized Representative Deputy Director, American River Parkway d. Signature of Authorized Representative Prefix Standard Form 424 (Rev.9-20) Standard Form 424 (Rev.9-20)		-		b. No. 🔲 PROG	•		
f. Program Income g. TOTAL S. 300,000 Tyes If "Yes" attach an explanation. No 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix Middle Name Kukkola b. Title Deputy Director, American River Parkway d. Signature of Authorized Representative Prefix Authorized Representative Deputy Director, American River Parkway d. Signature of Authorized Representative Prefix Authorized Representative Standard Form 424 (Rev. 9-20) Standard Form 424 (Rev. 9-20)	e. Other	Б		FOR B	FVIEW	300	
g. TOTAL 300,000 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Middle Name First Name Gary Last Name Kukkola b. Title Deputy Director, American River Parkway d. Signature of Authorized Representative Prefitable Representative Deputy Director, American River Parkway Standard Form 424 (Rev.9-20) Standard Form 424 (Rev.9-20)	f. Program Income	5	.00	17. IS THE APPLI	CANT DELINQUI	ENT ON ANY FEDERAL DEBT?	
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPET WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix Middle Name Gary Middle Name Suffix C. Telephone Number (give area code) (916) 875-6283 d. Signature of Authorized Representative Prefix Graph Meaning Competition (916) 875-6283 Exercises Edition Meaning Standard Form 424 (Rev.9-20)	I	•	300.000		•		
a. Authorized Representative Prefix Prefix First Name Mr. Suffix Suffix C. Telephone Number (give area code) (916) 875-6283 d. Signature of Authorized Representative Deputy Feffic Meable Standard Form 424 (Rev.9-20)	DOCUMENT HAS BEEN DUL'	Y AUTHORIZED BY TH	IE GOVERNING BODY (APPLICATION/PREAPF OF THE APPLICANT A	PLICATION ARE ND THE APPLIC	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE	
Last Name Kukkola b. Title Deputy Director, American River Parkway d. Signature of Authorized Representative Province Efficie Veable Suffix c. Telephone Number (give area code) (916) 875-6283 e. Date Signed 9/15/2004 Standard Form 424 (Rev.9-20)	a. Authorized Representative			h, a:	dle Name	The state of the s	
Last Name Kukkola b. Title Deputy Director, American River Parkway d. Signature of Authorized Representative Province Entire Meable Suffix c. Telephone Number (give area code) (916) 875-6283 e. Date Signed 9/15/2004 Standard Form 424 (Rev.9-20)		First Name Gary		hvia	ule IName		
b. Title Deputy Director, American River Parkway d. Signature of Authorized Representative Province Entire Vessela c. Telephone Number (give area code) (916) 875-6283 e. Date Signed 9/15/2004 Standard Form 424 (Rev.9-20)	Last Name					e was ex-	
d. Signature of Authorized Representative e. Date Signed 9/15/2004 Standard Form 424 (Rev.9-20)	h Title	or Darlayay				r (give area code)	
Standard Form 424 (Rev. 9-20	d. Signature of Authorized Rep	resentative	_	e. D	ate Signed		
	Mary 1					Standard Form 424 (Rev.9-200 Prescribed by OMB Circular A-10	

Authorized for Local Reproduction

APPLICATION FOR FEDERAL ASSISTANC	E 1	2. DATE SUBMITT	ED		Applicant Ident	Version 7/03	
1. TYPE OF SUBMISSION:	-	9/15/2004 3. DATE RECEIVE	D BY	STATE	State Application Identifier		
Application	Pre-application						
Construction	Construction	4. DATE RECEIVE	D BY	FEDERAL AGENC	Y Federal Identif	ier	
Non-Construction	Non-Construction						
5. APPLICANT INFORMATIO	N			Organizational U	nit:		
Legal Name:				Department:	Recreation and Oper	Space	
County of Sacramento Organizational DUNS:		· · · · · · · · · · · · · · · · · · ·		Division:		Topace	
16-520-9805		TIPO!		American River P		rson to be contacted on matters	
Address: Street:	- Into	FINED	\vdash	involving this ap	plication (give are	a code)	
	HE	2005		Prefix: Mr.	First Name: Gary		
3711 Branch Center Road City:	141	EIVED	1	Middle Name	Cary		
Sacramento		- UOUS	E	Last Name			
County: Sacramento	- ATATE	CLEARING HOUS	<u> </u>	Kukkola			
State: California	Zip Code STATE 95827			Suffix:			
Country:				Email: gkukkola@sacpa	arks.ora		
U.S.A. 6. EMPLOYER IDENTIFICATION 6. EMPLOYER IDENTIFICA	ON NUMBER (EIN):			Phone Number (g		Fax Number (give area code)	
				(916) 875-6283		(916) 875-6632	
94_600052 8. TYPE OF APPLICATION:	3			7. TYPE OF APP	LICANT: (See bac	k of form for Application Types)	
Ø.	ew 🗓 Continuati	ion 🔲 Revision		B- County Agenc	v		
if Revision, enter appropriate le	etter(s) in box(es)	·		Other (specify)	,		
(See back of form for description	on of letters.)						
Other (specify)				9. NAME OF FEDERAL AGENCY: NOAA Fisheries			
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	NCE NUMBER:			E TITLE OF APPL	CANT'S PROJECT:	
		1 1-4 6	3	American River I	Parkway Invasive Pl	ant Management	
TITLE (Name of Program):							
12. AREAS AFFECTED BY F	PROJECT (Cities, Counti	ies, States, etc.):		- · .			
City and County of Sacramen					•		
13. PROPOSED PROJECT					IONAL DISTRICTS		
Start Date:	Ending Date: March 31, 2007			a. Applicant		b. Project -5-	
April 1, 2005 15. ESTIMATED FUNDING:	March 31, 2007				TION SUBJECT TO	REVIEW BY STATE EXECUTIVE	
	-			ORDER 12372 P	ROCESS?	N/APPLICATION WAS MADE FATE EXECUTIVE ORDER 12372	
a. Federal	\$	100,000					
b. Applicant	\$	- 00		PRO	CESS FOR REVIE		
c. State	\$	101,087		DAT	E: 1/13/200	5	
	\$	101,007		b. No. 🔲 PRO		VERED BY E. O. 12372	
d. 200a.					DROGRAM HAS NO	OT BEEN SELECTED BY STATE	
e. Other	\$	98,913		FOR	REVIEW		
f. Program Income	\$. 00		17. IS THE APP	LICANT DELINQUI	ENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$	300,000		Yes If "Yes"	attach an explanatio	on. 🖸 No	
18 TO THE BEST OF MY KE	NOWLEDGE AND BELI	EE ALL DATA IN TH	IS AP	PLICATION/PREA	PPLICATION ARE	TRUE AND CORRECT. THE	
DOCUMENT HAS BEEN DUL	_Y AUTHORIZED BY TH	IE GOVERNING BOL	OY OF	THE APPLICANT	AND THE APPLIC	ANT WILL COMPLY WITH THE	
ATTACHED ASSURANCES I	F THE ASSISTANCE IS	AWARDED.					
Prefix Mr.	First Name Gary			N	liddle Name	·	
Last Name		·		s	uffix		
Kukkola				c	. Telephone Numbe	r (give area code)	
 b. Title Deputy Director, American R 	iver Parkway			(916) 875-6283		
d. Signature of Authorized Re	presentative	-		e (. Date Signed 3/15/2004		
Previous Edition Usable						Standard Form 424 (Rev.9-2003 Prescribed by OMB Circular A-102	
Authorized for Local Reproduc	ction				•	1 163011000 DY OIVID OROGICI 74 102	

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JAN 1 1 2005

STATE CLEARING HOUSE

Prescribed by OMB Circular A-102

Version 7/03

STATE CLEARING HOUSE

Version 7/03

STATE CLEARING HOUSE

City Manager d. Signature of Authorized Representative Previous Edition Usable

Authorized for Local Reproduction

JAN 1 1 2005

STATE CLEARING HOUSE

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

c. Telephone Number (give area code)

(831) 728-6014 e. Date Signed 12/28/2004

APPLICATION FOR								Version 7/03	
FEDERAL ASSISTANCE	=		2. DATE SUBMITTED Sept. 15, 2004		Applica	Applicant Identifier			
1. TYPE OF SUBMISSION:			3. DATE RECEIV	VED BY	STATE	State A	State Application Identifier		
Application	l	application	4. DATE RECEIVED BY FEDERAL AGE			NCV Federa	NCY Federal Identifier		
Construction	1	onstruction	4. DATE RECEIV	VED DI	I LDLINAL AGL	ine i edela	rederal identifier		
Non-Construction 5. APPLICANT INFORMATION		on-Construction							
Legal Name:					Organizational Unit:				
 Redwood Community Action Ag	ency				Department:				
Organizational DUNS: 120803853	panizational DUNS: RECEIVED			Division:					
Address:			Na			Name and telephone number of person to be contacted on matters involving this application (give area code)			
Street: 904 G Street		JAN 1	0 2005		Prefix: Mr.	First Name:			
City: Eureka		STATE CLEAF	RING HOUSE		Middle Name G				
County: Humboldt		THE RESIDENCE OF THE PERSON OF	Water Co. Co.		Last Name Allan	-			
State: California	Zip C 9550	Code 01		,	Suffix:		·		
Country: USA					Email: don@rcaa.org				
6. EMPLOYER IDENTIFICATION	N NU	MBER (EIN):			Phone Number	r (give area code))	Fax Number (give area code)	
94-2646370	7				707-269-2063			707-445-0884	
8. TYPE OF APPLICATION:					7. TYPE OF A	PPLICANT: (S	see bac	k of form for Application Types)	
New				on	Other (specify) non-profit 9. NAME OF FEDERAL AGENCY:				
Other (specify)						nic and Atmosp		Association	
10. CATALOG OF FEDERAL I	DOME	STIC ASSISTANC	E NUMBER:					ICANT'S PROJECT:	
TITLE (Name of Program): Habitat Conservation 12. AREAS AFFECTED BY PR	OJEC	T (Cities, Counties	1 1 - 4 6	3	McDaniel Slou	gh Estuary and	d Wetla	nd Restoration Project	
13. PROPOSED PROJECT					14. CONGRES	SIONAL DIST	RICTS	OF:	
Start Date:		ding Date:			a. Applicant CA#1			b. Project CA#1	
October 1, 2005 15. ESTIMATED FUNDING:	1 36	eptember 30, 2007				ATION SUBJE	СТ ТО	REVIEW BY STATE EXECUTIVE	
					ORDER 12372	PROCESS?			
a. Federal \$ b. Applicant \$			211,507		J ^{a. Yes.} ⊯ A√	AILABLE TO T ROCESS FOR I	THE ST	N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372 W ON	
c. State \$			3,800			TE: January 7	•		
d. Local \$			100,000		b. No. PF	OGRAM IS NOT COVERED BY E. O. 12372			
e. Other \$			107,707		OF	R PROGRAM HAS NOT BEEN SELECTED BY STATE			
f. Program Income \$.ºº 17. IS THE			FOR REVIEW APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL \$			423,014 ·			s" attach an explanation.			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.						TRUE AND CORRECT. THE			
a. Authorized Representative	Firet	Name				Middle Name			
Prefix Mr.	Lloy	Name d				Suffix			
Last Name Throne b. Title					c. Telephone Number (give area code)			(give area code)	
Executive Director						707-269-2005		10 3 5 5 5	
d. Signature of Authorized Representative					e. Date Signed				

APPLICATION F	···			OMB Approval No. 0345-0043			
FEDERAL ASSIS	STANCE		2. DATE SUBMITTED	Applicant Identifier			
1. TYPE OF SUBMISSION:			January 4, 2005				
Application	Pre-upplication		3. DATE RECEIVED BY STATE	State Application Identifier			
X Construction	Construction						
		• • • • •	4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier				
Non-Construction	Non-Construction			F-115-B			
APPLICANT INFORMATION			***************************************				
egal Name;	STATE OF CAL	FORNIA	Organizational Unit:	**************************************			
Address (give city, county, st		. :	Department of Fish and	d Game			
	Game - Fisheries Pr	ograms Branch	Name and telephone number of the person to be				
1812 Ninth Stree			application (give area code):	, 			
Sacramento, CA	95814		Carolyn Murata (9	16) 445-3559			
B. EMPLOYER IDENTIFICAT		***	7. TYPE OF APPLICANT: (enter appropriate let				
	94-1697567		A. State	H. Independent School Dist			
3. TYPE OF APPLICATION:		***	B. County	I, State Controlled Instruction			
X New	Continuation	Revision	C. Municipal				
I Revision, enter appropriate		LifeAlgioti	D. Township	of Migher Learning J. Private University			
			E. Interstate	L. Individual			
L A. Increase Award	B. Decroese Award	L	· · · · · ·				
C. Increase Duration	D. Decrease Duretion		F. Intermunicipal	M. Profit Organization			
E. Other (specify): .	D. Decidaç o Duracon		G. Special District	N. Other (Spacify)			
10. CATALOG OF FEDERAL	POMESTIC ASSISTANCE						
15-605	- DOMESTIC ASSISTANCE	: NUMBER!	9. NAME OF FEDERAL AGENCY:	- toboutor			
	Sport Fish Rest	aration Act	U.S. Department of the				
12. / AREAS AFFECTED BY			U.S. Fish and Wildlife				
·	PROJECT (CIDES, COUNTIES	:, st≥los, elc.):	11. DESCRIPTIVE TITLE OF APPLICANTS PR	· · · · · · · · · · · · · · · · · · ·			
	Canama 0	4 .	Motorboat Access Enhance	· -			
	Sonoma Cou	nty	Monte Rio Fishing Access Improvements.				
		7	Project Narrative attached.				
3. PROPOSED PROJECT.							
Start Date	Ending Date	14. CONGRESSIONAL DISTRI	ICTS OF:				
01/ /05	12/31/2006	a. Applicant	<u>_</u>	b. Project			
15. ESTIMATED FUNDING:	C10E 100 00		3				
a. Federal	\$125,100.00		ON SUBJECT TO REVIEW BY STATE EXECUTIVE				
	· · · · · · · · · · · · · · · · · · ·	a, YES, THIS I	PREAPPLICATION/APPLICATION WAS MADE AVAI	ILABLE TO THE			
Applicant .		STAT	TE EXECUTIVE ORDER 12372 PROCESS FOR REV	VIEW ON: JAN A ~			
	844 700 00			/ 720			
s. State	\$41,700.00	Date	· <u>1-07-05</u>	_ STATE O.			
		b. NO P	ROGRAM IS NOT COVERED BY E.O. 12372	STATE CLEARING H			
I. Local			or program has not been selected by ST.	ATE FOR REVIEW			
. Other		17. IS THE APPLI	CATION DELINQUENT ON ANY FEDERAL DEBT?				
Program Income		Yos	If "Yes", attach an explanation	<u>X</u> No			
, TOTAL	\$166,800.00						
B. TO THE BEST OF MY KI	VOWLEDGE AND BELIEF,	ALL DATA IN THIS APPLICATIO	NPREAPPLICATION ARE TRUE AND CORRECT.	THE DOCUMENT HAS BEEN DULY			
UTHORIZED BY THE GOVE	ERNING BODY OF THE AF	PLICANT AND THE APPLICANT	WILL COMPLY WITH THE ATTACHED ASSURANCE	DES IF THE ASSISTANCE IS AWARDED			
. Typod Name of Authorizod	I Representativo		b. Title:	c. Telephone Number			
<u> </u>	Renee Renwick		Deputy Director, Admin.	(916) 653-4633			
I. Signature of Authorized Re				6. Dato,Signed			
(M) Ou	, MA			J. J			
- VALLER	- 1010	ery in		1 1/1/05			
Approved for the Secretary of	the interior	• 0	Title;	Date			
Signature							
rovious Editions Not Usable							

APPLICATION FOR FEDERAL ASSISTANCE	:F	2. DATE SUBMITTED		Ap	pplicant Identifier		
		10/15/04					
1 .TYPE OF SUBMISSION: Application Preap	plication	3. DATE RECEIVED BY STAT	E	31	tate Application Identifier		
1	onstruction	4. DATE RECEIVED BY FEDI	RAL AG	ENCY Fe	ederal Identifier		
	onstruction on-Construction	OCT 13 200		I	04-023-0680259045		
5. APPLICANT INFORMAT					2, 33		
Legal Name: MENDUCINO		HEALTH CLINIC, INC	Organ	izational	Unit:		
Address (give city, county, state, ar	nd zip code):		1	•	phone number of person to be contacted on matters involving (give area code)		
333 Laws Avenue, Ukiah	CA 95482		Tims u	opiication :	ingive and body		
			L	innea	a Ritter-Hunter		
6. EMPLOYER IDENTIFICATION (E	IN):		7. TYF	E OF API	PLICANT: (enter appropriate letter in box)		
6 8 _ 0 2	5 9 0	4 5	A. S	State	H. Independent School Dist.		
8. TYPE OF APPLICATION:			B. C	ounty Junicipal	I. State Controlled Institution of Higher Learning		
New Continuation Revision			ם. ד	ownship nterstate	p K. Indian Tribe e L. Individual		
				ntermunic Special Di	cipal M. Profit Organization		
If Revision, enter appropriate letter	(s) in				, , ,		
A. Increase Award B. D	Decrease Award	c. Increase Duration					
D. Decrease Duration Other	er (specify):						
			9. NAI	ME OF FE	EDERAL AGENCY:		
	· .			USI	DA Rural Development		
10. CATALOG OF FEDERAL DOME	ESTIC ASSISTANC	CE NUMBER:	11. DI	SCRIPTI	IVE TITLE OF APPLICANT'S PROJECT:		
	1	0 - 7 6 6		Remo	odel and new construction of Hillside		
TITLE:		0 - 7 0 0		Clinic Facility			
12. AREAS AFFECTED BY PROJE	CT (Cities, Countie	s, States, etc.)	_	0111110	·		
Mendocino and							
13. PROPOSED PROJECT Start Date Ending Date	a. Applicant	RESSIONAL DISTRICTS	OF:	b. Projec	of		
1/1/05 6/30/06	1			1			
	STIMATED FL	JNDING			PPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE		
a. Federal					DER 12372 PROCESS?		
a. receial	\$	2,150,00	00.00	(a. YI	YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER		
b. Applicant	\$				12372 PROCESS FOR REVIEW ON:		
c. State	\$, , , , , , , , , , , , , , , , , , ,			100/-		
c. State	7				DATE		
d. Local	\$			L 80	ID DD0000111 IS NOT 0017777 511 5 1111		
- CII				b. N			
e. Other	\$				OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
f. Program Income	\$			17. IS TH	. HE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
					YES (Attach explanation) NO		
g. Total	\$	2,150,00	00.00		TEO (Attach explanation)		
18. TO THE BEST OF MY CORRECT, THE DOCUME APPLICANT WILL COMPL	ENT HAS BEE	N DULY AUTHORIZED	BY TI	∃E GO\	APPLICATION/PREAPPLICATION ARE TRUE AND VERNING BODY OF THE APPLICANT AND THE SSISTANCE IS AWARDED.		
a.Type Name of Authorized Repres		b. Title			c. Telephone Number		
Linnea Ritter- d Signature of Authorized Represe	Hunter	Ex	ecuti	ve Dir			
1 4, 1)	ittu - k	tune RECE	11 / -	-	e. Date Signed 10 - 12 - 04		
Previous Edition Usable		AUN TILL	IVE	:D	STANDARD FORM 424 (REV. 4-92)		
AUTHORIZED FOR LOCAL REPROD	UCTION	JAN 0	3 200	5	Prescribed by OMB Circular A-102		

STATE CLEARING HOUSE

FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier			
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Application Identifier			
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Y Federal Identifier			
Non-Construction	Non-Construction						
5. APPLICANT INFORMATION							
Legal Name:			Organizational Unit Department:				
	Arvin Community S	ervices District	Department.				
Organizational DUNS:	07-019-9070		Division:				
Address: Street:			Name and telephon	e number of pe	erson to be contacted on matters		
P.O. Box 333			involving this application (give area code) Prefix: First Name: Raymond				
City: Arvin			Middle Name				
County: Kem			Last Name	Kincy			
State: California	Zip Code 93203		Suffix:				
Country:			Email:				
United States of Ame			rekacsd@a				
6. EMPLOYER IDENTIFICATIO 95-6005995			Phone Number (give 661/854-2127	area code)	Fax Number (give area code) 661/ 854-8230		
8. TYPE OF APPLICATION:	[7. TYPE OF APPLIC	ANT: (See bac	k of form for Application Types)		
New If Revision, enter appropriate lette		Revision		G			
(See back of form for description	of letters.)		Other (specify)				
Other (specify)			9. NAME OF FEDER		JSDA/Rural Development		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE T				
			Edmundson Acres V				
TITLE (Name of Program):		10-760	The annexation, design & construction of new water transmission				
Wat	er & Waste Disposal Loa			ines, water services, fire hydrants and related its in the Edmundson Acres community. These			
12. AREAS AFFECTED BY PRO		• •	improvements will replace the community's Arsenic contaminated wat				
Arvin CSD & Edmund	dson Acres service area,	Kern County, California	water supply.				
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS	OF:		
Start Date: June 1, 2005	Ending Date:	1, 2006	a. Applicant 20th		b. Project 20th		
15. ESTIMATED FUNDING:	Corro	1, 2000		N SUBJECT TO	REVIEW BY STATE EXECUTIVE		
a Fodoral If		00	ORDER 12372 PROC	ESS?			
a. Federal \$ b. Applicant \$		797,544	AVAILAE	SLE TO THE ST	WAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372		
		•	PROCES	SS FOR REVIEN	V UN		
c. State \$.00	DATE: J	anuary 7, 2005			
d. Local \$ Edmundson Acres MWC		4,000	D. NO. II.I		/ERED BY E. O. 12372		
e. Other \$			FOR RE	VIEW	T BEEN SELECTED BY STATE		
f. Program Income \$			17. IS THE APPLICA	NT DELINQUE	NT ON ANY FEDERAL DEBT?		
g. TOTAL \$	-	801,544	Yes If "Yes" attac	h an explanatior	n. 🗷 No		
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A	AUTHORIZED BY THE (SOVERNING BODY OF '	LICATION/PREAPPL THE APPLICANT AND	CATION ARE T	RUE AND CORRECT. THE NT WILL COMPLY WITH THE		
ATTACHED ASSURANCES IF T a. Authorized Representative	HE ASSISTANCE IS AV	VARDED.					
Prefix	First Name		Middle	Name			
Mr. Last Name	Steve				4		
Franetovich	***************************************		Suffix				
b. Title President, Arvin Commu	nity Services District		c. Tele	ephone Number	(give area code) (661) 854-2127		
d. Signature of Authorized Repres		ranelmont	IVED e. Dat	e Signed	(501) 557-2121		
Previous Edition Usable		IANIA	s 2005		Standard Form 424 (Rev.9-2003)		
Authorized for Local Reproduction	1	JAN 0	D (00)		Prescribed by OMB Circular A-102		
		STATE CLEAR	ING HOUSE				

Version 7/03

APPLICATION FOR

ICATION FOR ERAL ASSISTANCE	E	2. DATE SUBMITTED 10/15/04		Applicant Ider	ntifier
PE OF SUBMISSION:		3. DATE RECEIVED BY STATE	Ē	State Applica	tion Identifier
	lication				
T .	nstruction	4. DATE RECEIVED BY FEDE	RAL AGEN	CY Federal Identi	fier r3-0680259045
	n-Construction	061 13 2	<u>1</u> 104	04-00	73-0680259075
5 APPLICANT INFORMATI	ON				
Legal Name: Mendocino Co	ommunity I	Health Clinic, Inc.	Organizati	ional Unit:	er of person to be contacted on matters involving
Address (give city, county, state, an	d zip code):		this applic	i telephone numb cation (give area	code)
333 Laws Avenue, Ukiah (CA 95482				
					Hunter (707)472-4511
6. EMPLOYER IDENTIFICATION (E	IN):		7. TYPE (OF APPLICANT: ((enter appropriate letter in box)
6 8 - 0 2	5 9 0	4 5	A. Sta B. Cou	inty	H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University
8. TYPE OF APPLICATION: New	c.	ntinuation Revision	C. Mun D. Tov E. Inte	vnship	K. Indian Tribe L. Individual M. Profit Organization
		 1		cial District	N. Other (Specify)
If Revision, enter appropriate letter	(s) in				
A. Increase Award	Decrease Award er (specify):	c. Increase Duration			1
			9. NAME	OF FEDERAL A	GENCY:
					ral Development
10. CATALOG OF FEDERAL DOM	ESTIC ASSISTAN	ICE NUMBER:	11. DES	CRIPTIVE TITLE	OF APPLICANT'S PROJECT:
10. OATALOG C. T. L.			1 -	omodol ar	nd new construction of
	1	0 - 7 6 6			inic Facility
TITLE: Community H	lealth Cente	r 330	_	akeport Ci	iffic 1 active
12. AREAS AFFECTED BY PROJ	ECT (Cities, Coun	ties, States, etc.)			
	d Laka Car	inty CA			
Mendocino and		RESSIONAL DISTRICTS	OF:		
13. PROPOSED PROJECT	a. Applicant	RESSIONAL DISTRICTO	b b	. Project	
O.u.i.	1			1	
1/2/05 6/30/05	ESTIMATED	FUNDING	1	6. IS APPLICATION ORDER 1237	ON SUBJECT TO REVIEW BY STATE EXECUTIVE
		1,344,0	00.00	_	
a. Federal	\$	1,344,0	00.00	a(YES.)THI	S PREAPPLICATION/APPLICATION WAS MADE AILABLE TO THE STATE EXECUTIVE ORDER
b. Applicant	\$	200,0	00.00	123	172 PROCESS FOR REVIEW ON:
01-1-	\$				1/4/200S
c. State				D/	
d. Local	\$			b. NO	PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY
e. Other	\$			L	STATE FOR REVIEW
f. Program Income	\$				ICANT DELINQUENT ON ANY FEDERAL DEBT?
g. Total	\$	1,544,0		•	
18. TO THE BEST OF M CORRECT, THE DOCUM APPLICANT WILL COMF	Y KNOWLED MENT HAS B PLY WITH TH	OGE AND BELIEF, ALL I EEN DULY AUTHORIZE E ATTACHED ASSURAN	DATA IN ED BY TH NCES IF	THIS APPLIC HE GOVERNI THE ASSISTA	ATION/PREAPPLICATION ARE TRUE AND NG BODY OF THE APPLICANT AND THE ANCE IS AWARDED.
a.Type Name of Authorized Rep		b. Title		Non-services and services are services and services are services and services and services and services and services are services and services and services and services are s	c. Telephone Number
Linnea Ritte		r e	xecuti	ve Director	(707) 472-4511
d Signature of Authorized Repre	sentative	// HE	こしに	VCU	0 -12 -04
Zinnea	rette	- Hant	<u> </u>	2005	STANDARD FORM 424 (REV. 4-92)
Previous Edition Usable AUTHORIZED FOR LOCAL REPR	ODUCTION	J.	AN 0 6) ZUUJ	Prescribed by OMB Circular A-102
ACTIONALED TO LEGGIC TO		STATE	CLEARI	ING HOUSE	
		Language of the second		OMBANDER KURKUR KANDANIA KANDANIA	j

LFB

APPLICATION FOR	R		·	OMB Approval No. 0348-0043				
FEDERAL ASSIST			2. DATE SUBMITTED	Applicant Identifier				
			December 21, 2004					
1. TYPE OF SUBMISSION:	•		3. DATE RECEIVED BY STATE	State Application Identifier				
Application .	<u>Fre-amblication</u> .		d. DATE ALCEIVED BY GIATE					
X Construction	Construction		THE PARTY OF THE PARTY AND A SECOND	Federal identifier				
	- .		4. DATE RECEIVED BY FEDERAL AGENCY					
Non-Construction	Non-Construction			F-113-B Amendment #2				
S. APPLICANT INFORMATION								
Legal Name: S	TATE OF CALIF	ORNIA	Organizational Unit					
Address (give city, county, state	ı aind zip code):		Department of Fish an	d Game				
Dept. of Fish & Ga	ıme - Fisheries Prog	rams Branch	Name and telephone number of the porson to be	scortaced on matters involving this				
1812 Ninth Street		•	application (give area code):					
Sacramento, CA 9	95814		Carolyn Murata (9	/16) 445-3559·				
B, EMPLOYER IDENTIFICATION	ON NUMBER (EIN);		7. TYPE OF APPLICANT: (enter appropriate le	мет. <u>А</u>);				
	4-1697567		A. State	H. Independent School Dist.				
9, TYPE OF APPLICATION:		-	B. County	I. State Controlled Instruction				
	Continuation	X Revision	C. Municipal	of Higher Learning				
If Revision, enter appropriate te		<u> </u>	D. Township	J. Private University				
· · · · · · · · · · · · · · · · · · ·		ECEIVED	E. Interstate	L, Individual				
	B. Decrease Award		F, Intermunicipal	M. Profit Organization				
A. Increase Award	· · · · · · · · · · · · · · · · · · ·		G, Special District	N. Other (Specify)				
C. Increase Duration	D. Decrease Duration	IAN 0 3 2005	d, spacial bistrick	74 - (-p)				
E. Other (specify):			9. NAME OF FEDERAL AGENCY:					
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	CLEARING HOUSE	U.S. Department of th	o Interior				
.0 000	L		U.S. Fish and Wildlife Service					
TITLE: S	iport Fish Resto	ration Act						
12. AREAS AFFECTED BY P	PROJECT (cilies, countles,	states, etc.);	11. DESCRIPTIVE TITLE OF APPLICANTS PI					
			Motorboat Access Enhanc					
L	_assen Count	ty .	Eagle Lake Fishing Access I					
			To recover pre-agreement co	osts for Engineering, Design				
13. PROPOSED PROJECT:			& Inspection. No changes in	ı costs.				
Start Date	Ending Date	14. CONGRESSIONAL DISTRIC	rs of:					
5/12/2003	12/31/2005	a, Applicant		b. Project				
15. ESTIMATED FUNDING:	A 11 h An	3	·	2				
e. Federal	\$2,355,849	16. IS APPLICATION	N SUBJECT TO REVIEW BY STATE EXECUTIV	E ORDER 12372 PROCESS?				
	4		REAPPLICATION/APPLICATION WAS MADE AV					
b. Applicant			EXECUTIVE ORDER 12372 PROCESS FOR R					
и дринови		\						
- 0	\$785,284	Date:	12-31-04					
c. State	\$100,204	l — — — — — — — — — — — — — — — — — — —						
<u> </u>			OGRAM IS NOT COVERED BY E.O. 12372	STATE FOR DOUGLA				
d focal .	,	°	R PROGRAM HAS NOT BEEN SELECTED BY S	STATE FOR REVIEW				
a. Other	•		ation delinquent on any federal debt	? X No				
f. Program Income		Yes !!	if "Yes", attach an explanation X NO					
g. TOTAL	\$3,141,133		i.4.4.4					
1 6			PREAPPLICATION ARE TRUE AND CORRECT					
AUTHORIZED BY THE GOVE	ERNING BODY OF THE AP	PLICANT AND THE APPLICANT V	MLL COMPLY WITH THE ATTACHED ASSURA	NGES IF THE ASSISTANCE IS AWARDED.				
e. Typed Name of Authorized	Representative		b, Tilie:	c. Telephone Number				
	Renee Renwick		Deputy Director, Admin.	(916) 653-4633				
d. Signature of Authorized Re	presentative ,			e. Date Signed				
1. 500 0		1 /		1 12/21/20				
- RUCK	edu Milli	1.4)(1)		<u> </u>				
Approved for the Secretary of	the Interior	΄ ν	Title:	Date				
Signature								
Signature Previous Editions Not Usable				S(andard Form 424 (REV 4-88)				

APPLICATION FOR	_	2. DATE SUBMITTED		Applicant Iden	Version 7/03		
FEDERAL ASSISTANCE					Applicant Identifier		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY			State Application Identifier		
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	ner		
Non-Construction 5. APPLICANT INFORMATION	Non-Construction						
Legal Name:			Organizational Unit	,			
City of Newman, CA			Department:				
Organizational DUNS:			Division:				
Address:					rson to be contacted on matters		
Street: 1162 Main Street			involving this applic	cation (give are First Name:	a code)		
					ohn		
City: Newman			Middle Name Charle	es			
County: Stanislaus			Last Name French	h			
State: CA	Zip Code 95360		Suffix:		1 P () P (
Country:	95360		Email:				
USA 6. EMPLOYER IDENTIFICATIO	N NUMBER (EIM)		jfrench@cityof Phone Number (give a		Fax Number (give area code)		
	_		(209) 862-3725	area code,	(209) 862-3199		
9 4 -6 0 0 0 3 8 1 8. TYPE OF APPLICATION:	<u></u>			ANT: (See bac	k of form for Application Types)		
New	v 🔲 Continuatio	n 🔲 Revision		C (000 240	is or rottin for 7 ippriodulott 1 jpcc)		
If Revision, enter appropriate lett (See back of form for description	er(s) in box(es)		Other (specify)	C			
Other (specify)			9. NAME OF FEDER		JSDA		
10. CATALOG OF FEDERAL D	OOMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:				
		1 0 - 7 6 6					
TITLE (Name of Program):			Purchase of Fire	e Rescue Truck.			
12. AREAS AFFECTED BY PRO	OJECT (Cities, Counties	s. States. etc.):					
City of Newman, CA		,,,					
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS	OF:		
Start Date: 1-1-05	Ending Date: 6-30-0	5	a. Applicant 18th		b. Project 18th		
15. ESTIMATED FUNDING:	0 00 0	<u> </u>			REVIEW BY STATE EXECUTIVE		
a. Federal \$		16,500 ·	a Yes THIS PR	EAPPLICATION	NAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372		
b. Applicant \$		38,500		SS FOR REVIEW			
c. State \$	VIII VIII VIII VIII VIII VIII VIII VII	.00	DATE: 1	2/20/04			
d. Local \$.00	b. No. TPROGRA	AM IS NOT COV	/ERED BY E. O. 12372		
e. Other \$		55,000 ·	OR PRO		T BEEN SELECTED BY STATE		
f. Program Income \$	***************************************	.00			NT ON ANY FEDERAL DEBT?		
g. TOTAL \$		110,000	Yes If "Yes" attac	h an explanatior	n. 🗵 No		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1	AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PREAPPL THE APPLICANT AND	ICATION ARE 1 THE APPLICA	TRUE AND CORRECT. THE NT WILL COMPLY WITH THE		
a. Authorized Representative Prefix	First Name		Middle	Name			
Last Name _	John		Suffix	Charle	98		
French o. Title	diameter (speak)		c. Tele	ephone Number	(give area code)		
City Manager d. Signature of Authorized Repre	sentative	,4		862-3725 e Signed			
	serialive Jahr (pend		0/04	01 1 15 101 (5 0.000)		
Previous Edition Usable Authorized for Local Rebroductio	on ()	A RE JAI STATE CL	CEIVED N 0 3 200/5 LEARING HOUSE		Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102		